

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/554155**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/					
2	/		/	2			52	/					
3	/		/	2			53	/					
4	/		/	2			54	/					
5	/		/				55	/					
6	/		/				56	/					
7		1		4			57	/					
8		1		1			58	/					
9		1		1			59	/					
10		1		1			60	/					
11		1		1			61	/					
12		1		1			62	/					
13		1		1			63	/					
14		1		1			64	/					
15		1		1			65	/					
16		1		1			66	/					
17	/		/				67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22				/			72						
23				/			73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.	11		11				TOTAL IND.	1					
TOTAL DEP.	10		92				TOTAL DEP.	10					
TOTAL CLAIMS	21		103				TOTAL CLAIMS	11					